

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

82 County Dallas
 Township Harford
 City Harford (No. 2)

Registration District No. 690
 Primary Registration District No. 5918

File No. 2613
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Oscar Valeri Morris

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Bell Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1875</u>		
7. AGE <u>61</u>	YEARS <u>X</u>	MONTHS <u>6</u>
DAYS <u>6</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation 1

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Tenn.
 13. NAME James A. Morris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Mollie Myzer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. C. H. Morris
 (ADDRESS) Med. dict. town, Mo.

18. BURIAL, CREMATION, OR REMOVAL Wardahat cemetery
 (ADDRESS) 1 - 8 - 1937

19. UNDERTAKER W. A. Bankhead
 (ADDRESS) 500 Union St. Harford, Mo.

20. FILED Jan 3, 1937 R. M. Hetherlin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st, 1937
 22. I HEREBY CERTIFY That I attended deceased from Sept. 18, 1936, to Jan. 1st, 1937
 that saw him alive on Dec. 31st, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic interstitial nephritis

Other contributory causes of importance:

Cardiac hypertrophy
arterio-sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? Physical findings Was an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) James B. Briggs, M. D.
 (Address) Banking Green, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

